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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10009, 102

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(c))		
TOTAL CLAIMS (37 CFR 1.16(c))	12 minus 20 = • 0	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 = • 0	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	FEES	RATE	FEES
	\$ _____		\$ 890
x \$ _____ =			
x _____ =			
+ _____ =			
TOTAL		TOTAL	890
OR		OR	

• If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
				x \$ _____ =		x \$ _____ =	
Total (37 CFR 1.16(c))	• Minus	**	=				
Independent (37 CFR 1.16(b))	• Minus	***	=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x \$ _____ =		x \$ _____ =	
x _____ =		x _____ =	
+ _____ =		+ _____ =	
TOTAL		TOTAL	
OR		OR	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
				x \$ _____ =		x \$ _____ =	
Total (37 CFR 1.16(c))	• Minus	**	=				
Independent (37 CFR 1.16(b))	• Minus	***	=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							

ADDITIONAL FEE TOTAL ADDITIONAL FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
				x \$ _____ =		x \$ _____ =	
Total (37 CFR 1.16(c))	• Minus	**	=				
Independent (37 CFR 1.16(b))	• Minus	***	=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							

ADDITIONAL FEE TOTAL ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231